KENTUCKY LEGISLATIVE ETHICS COMMISSION

STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787) To be filed by: All members of the General Assembly, all candidates and nominees for election to the General Assembly, and major management personnel in the legislative branch of state government. ☐ Check here and attach additional sheets if necessary. Number of sheets attached. Please include the following information for the preceding calendar year: Velvet Dowdy Name Business address Business telephone Home address Title of public position, or office sought State Representative District Other occupations of filer KY Retired Teacher, Halfs Chemistry teach Occupations of spouse NA NOTE: The following sections do not require disclosure of specific dollar amounts. 1. Positions held by filer in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation, NA 2. Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer's spouse receives compensation, and the name of the business, partnership, or corporation N/A ar a company to the house of the artifact of the series of the 3. Names and addresses of all businesses, investments, or securities in which the filer,

American Fidelity Assurance Company, Oklahoma City, OK

filer's spouse, or filer's minor children had at any time during the reporting year an

interest of \$10,000 at fair market value, or 5% ownership interest or more

American Fidelity 403b account -

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(a) A member of the filer's immediate family;	
(a) A member of the filer's immediate family;	
(a) A member of the filer's immediate family;	
(a) A member of the filer's immediate family;	
(a) A member of the filer's immediate family;	
(b) A partner of the filer or a partner of a mem	aber of the filer's immediate famil
(c) An officer or director of the filer's employer	
(d) An employer of the filer or an employer of a	
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(e) A business associate of the filer or a business	ss associate of a member of the
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13. If yes, list the names of the clients represented and list the agencies before which the partner made an appearance. The filer need not identify which client was represented
before a specific agency.
Clients
State Agency
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NOTICES
1. Upon receipt by the Commission, a statement of financial disclosure shall be a public
2. Any person who fails to file a statement of financial disclosure or who fails to remedy a deficiency identified by the Commission in a timely manner may be fined an amount not to exceed \$100 per day up to a maximum total fine of \$1000.
3. Any person who files a statement of financial interests which they know to contain false information, or to omit required information, shall be guilty of a class A misdemeanor.
$\frac{2-9-2022}{Date}$ Usliet Our
Send completed statements to: The Kentucky Legislative Ethics Commission 22 Mill Creek Park Frankfort, Kentucky 40601
FAX (502) 573-2929

If you have questions please call us at (502) 573-2863.